

PUBLIC PROTECTION CABINET

Matthew G. Bevin Governor

Steven A. Milby Commissioner

Department of Housing, Buildings and Construction

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Timothy R. HouseDeputy Commissioner

Kentucky Temporary Structures (KTS) KTS Site Placement Application

NOTE: Indicate the Manufacturer's Model # DOES THIS TENT HAVE KY TENT MODEL APPROVAL?					
NAME OF PERSON SUBMITTING PLANS	PHONE ()		E REVIEW FEE WITH PLANS?	☐ YES ☐ NO
MAILING ADDRESS:	P. O. BOX	CITY		STATE	ZIP CODE
BUSINESS & PROJECT NAME:					
PROJECT LOCATION: NO./ STREET, HWY or ROAD (Please do not indicate P.O. Box or Postal Routes)	CITY	COUI	NTY		
OWNER OR CUSTOMER:			PHONE ()	
MAILING ADDRESS:	P. O. BOX	CITY		STATE	ZIP CODE
ARCHITECT (NAME & FIRM)			PHONE ()	
AS THE ARCHITECT LISTED ABOVE, I AM RESPONSIBLE FOR CONSTRUCTION CONTR	RACT ADMINISTRATION.	YES NO			
MAILING ADDRESS:	P. O. BOX	CITY		STATE	ZIP CODE
DEALER NAME:			PHONE ()	
MAILING ADDRESS:	P. O. BOX	CITY		STATE	ZIP CODE
MANUFACTURER NAME:			PHONE ()	
MAILING ADDRESS:	P. O. BOX	CITY		STATE	ZIP CODE
SITE CONTRACTOR:			PHONE ()	
MAILING ADDRESS:	P. O. BOX	CITY		STATE	ZIP CODE
****** BU	ILDING INFORMA	ΓΙΟΝ ******	* * *		
NUMBER OF TENTS IN THIS SUBMITTAL: USE OF TENTS i.e COOK	ING, SALES, DANCING,,D	NING or other (please speci	fy)		
IF NOT A TENT WHAT TYPE OF TEMPORARY STRUCTURE IS BEING SITED:	PERFORMING STAGE	ELEVATED FLOOR SYST	ЕМ ПОТН	ER:	
TENT/ STRUCTURE MEASUREMENTS: WIDE BY LONG TOTAL	AL AREA IN NEW BLDG. (PR ADDITION:	FT. ²		
WHAT DATES WILL THIS TENT/STRUCTURE BE PLACED ON SITE?					
KTS SITE SUBMITTAL CHECKLIST THE SITE SUBMITTAL Site Plan w/ tent location/distances to adjacent buildings and property of the plan including emergency lighting and exit sign locations Operational manuals per Model Approval Dates of temporary use Emergency shut down procedures due to severe weather including designed wind speed)	erty lines			ed 75% of	

